



**City of Alexandria
Fire Department**

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to ANY authorized agent of the City of Alexandria, Virginia, Fire Department (AFD), whether the said records are of a public, private or confidential nature.

In connection with my employment, I hereby authorize AFD, or any of its agents, to conduct an investigation of my background and qualifications now or later during the course of my employment for use in evaluating my suitability for employment, promotion, reassignment or retention as an employee. As part of any investigation, I authorize AFD, or any of its agents, to obtain a consumer report or an investigative consumer report as described above in the disclosure provided to me. I further authorize the release of any information pertaining to my background, including but not limited to my past employment, education, military records, court records, credit records, driving records and/or criminal records, whether the information is obtained through personal interviews or from public or non-public records. A photocopy of this authorization is as effective as an original.

Signature: _____ Date: _____

Print Name: _____

Social Security #: _____

In the event an adverse employment decision is made based in whole or in part upon information contained in a consumer report or an investigative consumer report, the requirements of the Fair Credit Reporting Act, including 15 U.S.C. § 1681b(b)(3), will be followed. Information from consumer or investigative consumer report will not be used in violation of any applicable Federal or State equal employment opportunity law or regulation.

FOR HR/MANAGEMENT USE ONLY – Insert hiring manager, investigator, or recruiter name and fax number below.

Hiring Manager/Investigator Name: _____

Telephone: _____

Fax: _____

